

Revised 9/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information
 received by a department or
 accepted by the Governor on behalf
 of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgemoor Ave.	Eldora, IA, 50627
Mailing Address 641-832-3402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn	
Name 3211 Edgemoor Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedo@des.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Legion Auxiliary-Unit No. 508	
Name	
c/o Jane Leighton	Griswold, IA 51535
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/1/2011	\$ 25.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof.

cash donation to be used for the Christmas Fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Kristin Hagedorn affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Kristin Hagedorn
 Signature

2/9/11
 Date

REVISED 06/09

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-838-3402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) khagedo@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Legion Auxiliary-Unit No. 508	
Name	
c/o Jane Leighton	Griswold, IA 51535
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

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Kristin Hagedorn
Signature

2/9/11
Date